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CONFIRMATION NO. 6735

<b>SERIAL NUMBER</b> 10/730,923	<b>FILING OR 371(c) DATE</b> 12/10/2003 <b>RULE</b>	<b>CLASS</b> 351	<b>GROUP ART UNIT</b> 2873	<b>ATTORNEY DOCKET NO.</b> 117993	
<b>APPLICANTS</b> Christian Rathjen, Bremen, GERMANY; <b>** CONTINUING DATA *****</b> None (M.H) <b>** FOREIGN APPLICATIONS *****</b> YES (M.H) EUROPEAN PATENT OFFICE (EPO) 02406102.0 12/16/2002 <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 03/16/2004					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <u>Allowance</u> Acknowledged <u>M.H</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 28	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 25944					
<b>TITLE</b> Ophthalmologic device and ophthalmologic measuring method					
<b>FILING FEE RECEIVED</b> 457	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		